

# TRICARE Pharmacy Program Medical Necessity Form for ACE Inhibitors and ACE Inhibitor/HCTZ Combination Products

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at [www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm](http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Benazepril, captopril, enalapril, fosinopril, lisinopril**, their combinations with hydrochlorothiazide (HCTZ), and **trandolapril (Mavik)** are the formulary angiotensin converting enzyme (ACE) inhibitors and ACE inhibitor/HCTZ combinations on the DoD Uniform Formulary. **Accupril (quinapril), Accuretic (quinapril/HCTZ), Aceon (perindopril), Altace (ramipril), Univas (moexipril), and Uniretic (moexipril/HCTZ)** are non-formulary, but available to most beneficiaries at a \$22 cost share.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication *instead of a formulary medication* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

<b>MAIL ORDER</b>	<b>If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here</b> <input type="checkbox"/>	<b>RETAIL</b>	<b>If the prescription is to be filled at a retail network pharmacy, check here</b> <input type="checkbox"/>	<b>MTF</b>	<ul style="list-style-type: none"> <li>Non-formulary medications are available at MTFs only if both of the following are true: <ul style="list-style-type: none"> <li>The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.</li> <li>The non-formulary medication is determined to be medically necessary.</li> </ul> </li> <li>Please contact your local MTF for more information. There are no cost shares at MTFs.</li> </ul>
	<ul style="list-style-type: none"> <li>The completed form and the prescription may be <b>faxed</b> to <b>1-877-283-8075</b> or <b>1-602-586-3915</b> OR</li> <li>The patient may attach the completed form to the prescription and <b>mail</b> it to: <b>Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b></li> </ul>		<ul style="list-style-type: none"> <li>The provider may <b>call</b>: <b>1-866-684-4488</b></li> <li><b>OR</b></li> <li>The completed form may be <b>faxed</b> to <b>1-866-684-4477</b></li> </ul>		

There is no expiration date for approved medical necessity determinations.

## Step 1 Please complete patient and physician information (Please Print)

<b>1</b> Patient Name: _____ Address: _____ _____ Sponsor ID #: _____	Physician Name: _____ Address: _____ _____ Phone #: _____ Secure Fax #: _____
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## Step 2 1. Please explain why the patient cannot be treated with any of the formulary alternatives:

- 2** Please indicate which of the reasons below (1-5) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason **AND** supply a written clinical explanation specific for **EACH** formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Benazepril, benazepril/HCTZ (Lotensin, Lotensin HCT)	1 2 3 4 5	
Enalapril, enalapril/HCTZ (Vasotec, Vasoretic)	1 2 3 4 5	
Fosinopril, fosinopril/HCTZ (Monopril, Monopril-HCT)	1 2 3 4 5	
Lisinopril; lisinopril/HCTZ (Prinivil, Zestril; Prinzide, Zestoretic)	1 2 3 4 5	
Trandolapril (Mavik)	1 2 3 4 5	

The criteria do not include captopril as a formulary alternative due to its short half-life and three- to four-time daily dosing regimen. Patients are not required to have tried captopril.

### Acceptable clinical reasons for not using a formulary alternative are:

1. The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced significant adverse effects with the formulary alternative that are not expected to occur with the non-formulary ACE inhibitor.
3. Use of the formulary alternative resulted in therapeutic failure.
4. The patient is stabilized on a non-formulary ACE inhibitor, is clinically fragile (multiple comorbidities), and changing to a formulary alternative would incur an unacceptable risk to the patient (e.g., destabilization, abrupt worsening of symptoms).
5. Altace is more appropriate than the formulary alternative because the patient has a history of stroke, MI, peripheral vascular disease, or diabetes AND is at high risk for future cardiovascular events due to hypertension, documented microalbuminuria, total cholesterol > 200 mg/dL, low HDL <35 mg/dL, or smoking (provide a clinical explanation in the space above). This subset of patients is not required to try the formulary alternatives.

## Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

<b>3</b> _____ Prescriber Signature	_____ Date
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